

parallel to the anterior border of the left sternomastoid muscle. The wound was left open and a guide ligature placed around the carotid. Ten cubic centimeters of 0.5 per cent neutral acriflavine were injected. This was repeated on November 14 and 15, with spinal fluid findings as shown in the chart. Culture of the fluid showed hemolytic streptococci. Blood culture taken on November 15 remained sterile. At no time was there evidence of acriflavine in the spinal fluid, although a distinct coloration could be seen on the left side of the face. At the end of the third hospital day the child showed a marked change, spinal fluid pressure rising, coma deepening, and breathing irregular. Patient expired the following morning. At autopsy the coloration of the left side of the face was marked, but there was no tinge to the brain or meninges. The brain was wet and edematous, with no organized fibrin or exudate. Summary of condition at different hours is given in Table 1.

This was our first attempt at intracarotid therapy, and we feel justified in interpreting the results as encouraging although the outcome was a fatal termination. We are unable to explain the absence of the dye in the spinal fluid; the urine remained heavily colored. We were unable to obtain Pregl's solution of iodine at this time and resorted to acriflavine. In the absence of continuous spinal drainage, as advocated by Retan,³ or by surgical means, we believe this case demonstrates the necessity of dehydration by limiting fluids and hypertonic solutions intravenously to accomplish two purposes: (a) concentration of serum or antiseptics in the spinal fluid; (b) control of cerebral edema and intracranial pressure.

INTRACAROTID THERAPY

The intracarotid treatment of purulent meningitis was first advocated by Kolmer⁴ after considerable experimental work on artificially produced pneumococcal meningitis in dogs. By exposing the carotids and injecting anti-pneumococcal serum into both arteries daily for at least three days, he was able to show recoveries in 60 per cent of the animals. Intravenous chemotherapy produced no results in his work. He recommended the procedure for a clinical trial in human cases, admitting it to be a major procedure, theoretically sound and experimentally successful, justifiable in a condition where the mortality approaches 100 per cent.

The technique was first applied, to our knowledge, for the introduction of arsenical preparations in cases of paresis.⁵ Since Kolmer's original work, thirty-four cases of purulent meningitis have been reported as treated by this method, with a recovery of 32.3 per cent. It is advisable to use a small tuberculin needle to avoid bleeding from the carotids. Drainage by the lumbar or cisternal route should follow the injection shortly. We do not agree with Ersner and Mendell⁶ that partial thrombosis which occurred in one of their patients favored the course of the disease by putting the part at rest. Unimpaired circulation is paramount in an infected field.

The literature on other types of therapy which have effected cures is amply covered by Rosenberg and Nottley⁷ and Applebaum.⁸ The results indicate that intracarotid therapy offers another tenable method, especially if we accept former statistics by Yerger⁹ where the mortality was 97

per cent. Most of the favorable results have been obtained by the use of Pregl's iodine. Kolmer⁴ recommends the use of serum or acriflavine and the exposure of both carotids, regardless of the location of the focus of infection.

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MERCURIAL DERMATITIS

FOLLOWING LOCAL APPLICATION OF CREAM
FOR REMOVAL OF FRECKLES

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THE scarcity of literature relating to cases of mercurial poisoning, together with its rarity of occurrence in clinical practice in spite of the many thousands of instances in which topical mercury is used, gives us an idea as to its infrequent incidence. In a review of the literature of the past twenty years, I have found fewer than an equal number of cases. Each case, however, has been distinctly different, yet all tend to emphasize two features of hydrargyria, namely, its varied skin manifestations, and the uncertainty of its degree of involvement and extension.

The most common skin lesion appearing is the papule in the vicinity of the hair follicle, spoken of as folliculitis; but more severe consequences may follow its use, as in the case in which gingivitis, with loss of a tooth permanently, from topical application of mercury for psoriasis, results.¹ There have been no cases reported, however, in which following topical mercury application, the patient suffered dangerous kidney complications. The skin manifestations and types of skin lesions are very numerous, and nearly every type of skin lesion has been described in which mercury has been the responsible aggressor.

REPORT OF CASE

The case to be reported is that of a young woman, age 26, weight 120 pounds, height 5 feet 5 inches, who

¹ Beckett, P. E., *Dermat. and Syph.*, (June), 1925.

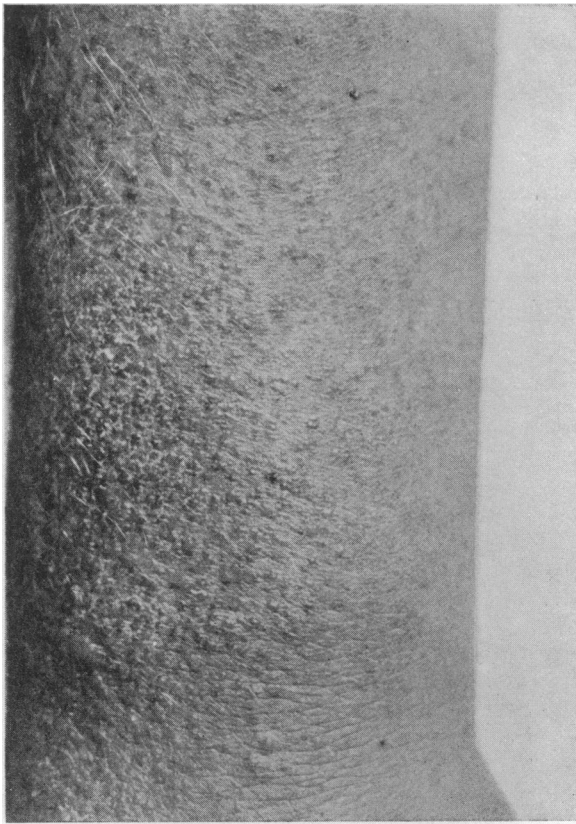


Fig. 1.—Showing eruption as it appeared on the dorsum of the forearm.

was so ill that she called the doctor to see her at her home because of great discomfort. She stated that on the preceding night she had applied to the dorsum of her arms and to her cheeks some freckle cream. The quantity used was not over one gram. Stated that she had a very uncomfortable and restless night, and that when she awakened in the morning she noted that her eyes, face, neck, and arms were swollen and itchy. She washed her skin carefully with soap and water, and applied zinc oxid ointment as per directions in literature accompanying the jar of cream, but enjoyed no relief; on the contrary she found that she was considerably less comfortable than she was before its application.

I saw the patient at about 10 a. m., at which time there was a papular eruption on the dorsum of both arms and on the face. There was also, but in a less marked degree, a similar eruption of the thorax, front and back, and the front of the abdomen. There were present also a few similar lesions on the medial sides of both thighs. The lesions occurred symmetrically, and wherever the lesions occurred there was pruritus and burning. There was a marked edema of the eyelids and face, as well as the neck; wherever the lesions were could also be found edema. Temperature 99.6 degrees and pulse 82. Temperature returned to normal in three days. Blood and urine examination revealed no pathology.

Calamin lotion with one per cent nupercain was used locally, and prescribed ephedrin sulphate, grain three-quarters, and sodium bromid, grains 3, were used in capsule form.

Patient's subjective symptoms began to disappear immediately, and within seven days left her without any annoying skin symptoms; but it was not until three weeks later that she was entirely free from symptoms, because each time she would perspire the sites of application of the ointment would cause her some discomfort with burning and itching. The chief type of lesions developed was that of a folliculitis, as is evident from the accompanying photograph.

On a previous occasion this patient had a similar experience from the use of 1-5000 bichlorid of mercury as a wash for an external otitis. Lesions similar to the ones described above developed on the skin wherever the wash came in contact with it, and the same set of subjective symptoms developed locally, as did with the present illness, but confined to the area of involvement.

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ADDISON'S DISEASE

REPORT OF CASE TREATED BY ESCHATIN

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IN past years of practice only six patients can be recalled that were under personal observation and diagnosed as having Addison's disease. All of these patients died within a year, and some of them within a few weeks after the diagnosis was made, irrespective of the plan of treatment employed. Recently, however, another patient has been under observation who is not only alive nearly two years since first seen, but has been relieved of all the original manifestations. Such a deviation from previous experience seems to justify report and explanation.

REPORT OF CASE

Mrs. B., age twenty-seven, first came for advice on September 28, 1931. She had left her home in the interior of this state in January, 1931, for a trip abroad. She was well, apparently, until she reached Cairo, Egypt, the following May. Then she was taken ill with persistent nausea and vomiting, whether she ate or not, accompanied by prostration and weakness, lasting for ten days; but without pain in her abdomen or elsewhere. She noted at this time that her color seemed darker than before. There followed an interval of two or three weeks when she felt fairly well again, though her skin continued to be abnormally dark. Deciding to return home, she reached Jugo Slavia, when another attack occurred, again characterized by nausea, vomiting, and prostration; and this time several weeks passed before she felt well enough to proceed upon her journey. She managed finally to cross the ocean without any serious recurrence, and remained fairly well until she reached the United States. Then, in the latter part of August and during September, her attacks reappeared, for several days at a time. She had never felt perfectly well since the onset of her illness in May, but always was "terribly weak"; and though better and worse at intervals, her illness had never entirely disappeared. She complained that she constantly felt exhausted, and worn out by any exertion. She had no appetite, was always more or less nauseated, especially on rising in the morning, and had lost considerable weight. She observed also that her color had gradually grown much darker since leaving Egypt, the pigmentation increasing steadily, mostly on exposed surfaces of the body, but also in other parts. There had been no disturbance of her menstrual periods at any time, nor of her bowels.

On physical examination the patient was still fairly well nourished, weighing 138 pounds. The striking feature about her appearance was her color. This was due to a brownish-black pigmentation of face, neck, hands and forearms, so extreme that she resembled a negress. Her lips particularly were black, and the palms of her hands showed brown lines in every crease. There was similar brown-black pigmentation irregularly distributed on the dorsum of the tongue, the inner surface of the cheeks, the gums, the soft palate, and the pharynx. When the clothing was removed the pigmentation was seen to involve also the